APPENDIX B
APPLICATION FOR GRANT

COVER PAGE

A. APPLICANT AGENCY (NAME, ADDRESS, TELEPHONE, E-MAIL)	**C. OFFICIAL AUTHORIZED TO SIGN APPLICATION (NAME, TITLE, ADDRESS, TELEPHONE, E-MAIL)**
B. TYPE OF AGENCY Public; Private Non-Profit; Private Profit (circle one)	**SIGNATURE** _____
D. PROJECT DIRECTOR (NAME, TITLE, ADDRESS, TELEPHONE, E-MAIL)	**E. FINANCIAL OFFICER (NAME, TITLE, ADDRESS, TELEPHONE, E-MAIL)**

F. TYPE OF APPLICATION
(CHECK ONE)   _____NEW   _____REVISION   CONTINUATION OF_____
(GRANT NUMBER)

G. TITLE OF PROJECT

H. GEOGRAPHIC AREA TO BE SERVED & TARGET POPULATION (TYPE AND NUMBERS)

I. FEDERAL IDENTIFICATION NUMBER (FEIN)	**K. PROJECT COSTS**
J. APPLICANT=S FISCAL YEAR	**1. GRANT FUNDS REQUESTED $_____** **2. LOCAL FUNDS/CASH MATCH $_____** **3. IN-KIND $_____** **4. TOTAL COST $_____**

L. ABSTRACT: Please include a brief (100 words or less) overview of the project. Font size may be 10 point, if necessary, in this box.

Kansas Rehabilitation Services

Request for Proposals

*Statewide Mentoring, Development and Leadership Program
for Youth with Disabilities*

September 22, 2011

*Brie Wilkins, SRS Procurement Services
Docking State Office Building, 8th floor
915 SW Harrison, Topeka, KS 66612*
Brie.Wilkins@srs.ks.gov

The Kansas Department of Social and Rehabilitation Services (SRS), Kansas Rehabilitation Services (KRS), announces the release of a Request for Proposals (RFP) to provide a mentoring, development and leadership program for youth with disabilities.

Eligible applicants are not-for profit 501(c) (3) organizations that can demonstrate the services and/or programs supported by this award are driven by a board or consumer advisory panel whose members would be comprised of more than 50% persons with disabilities. Priority will be given to organizations that demonstrate a commitment to engaging youth with disabilities who have had involvement in mentoring and youth leadership activities in an advisory capacity to the services/programs provided through this grant award.

Request for Proposal Timeline

Release of Request for Proposal   September 22, 2011

Written questions from potential bidders due by 5:00 p.m.   ~~October 6, 2011~~
EXTENDED TO 5 P.M. OCTOBER 19, 2011

  Please email questions to:
  Brie.Wilkins@srs.ks.gov

Written responses posted on KRS website   ~~October 14, 2011~~
EXTENDED TO OCTOBER 21, 2011

Applications due   ~~October 31, 2011~~
EXTENDED TO 2 P.M. NOVEMBER 7, 2011
  Submit applications to:
  Brie Wilkins, SRS Procurement Services
  KRS Youth Development/Leadership RFP
  Docking State Office Building, 8th Floor, 915 SW Harrison, Topeka, KS 66612
  Brie.Wilkins@srs.ks.gov

Anticipated grant start-up   January 1, 2012

Application Checklist

The following sections must be submitted in this order:

___ Cover Page

___ Table of Contents

___ Abstract

___ Statement of Need *

___ Community Collaboration and Planning *

___ Program Description *

___ Work Plan

___ Program Evaluation Plan *

___ Budget Sheet

___ Budget Narrative

___ Organizational Description *

___ Sustainability *

ATTACHMENTS:

___ Statement of Compliance with Assurances (Attachment D)

___ 501(c)(3) Verification

___ List of Board Members and a Board Member Conflict of Interest Statement

___ Letters of Support and Collaboration

___ Licensing/Accreditation/Certification Documentation (optional)

___ Transmittal Letter for Audit, Form 990, or most recent Year-end Financial Statement

___ Organizational Chart

___ Logic Model

___ Gantt Chart (optional)

*** These items are considered part of the narrative and should not exceed 25 pages in length.**

RFP TABLE OF CONTENTS

PART I: **BACKGROUND/PHILOSOPHY OF THE KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES (SRS)**

    A. Mission: To protect children and promote adult self-sufficiency.

    B. Vision: Partnering to connect Kansans with supports and services to improve lives.

    C. SRS Guiding Principles:
- Act with integrity and respect in our work with customers, partners, and each other.
- Champion customer success.
- Demonstrate leadership without regard to position or title, embrace responsibility, take risks, make decisions, and act to overcome challenges.
- Strive for continuous improvement.
- Demonstrate passion for our mission to protect children and promote adult self-sufficiency.
- Recognize the value of partnerships, both within the agency and with community partners, to stretch capacity and achieve extraordinary results.

PART II: **BACKGROUND/PHILOSOPHY OF KANSAS REHABILITATION SERVICES (KRS)**

    A. KRS Mission: Working in partnership with Kansans with disabilities to achieve their goals for employment and independence

    B. KRS Values and Goals:

    KRS values the worth, rights and contributions of people with disabilities. Our goals are to:
- Guarantee meaningful participation in planning and obtaining services through informed choice and shared responsibility.
- Deliver rehabilitation services that meet or exceed the expectations of individuals served.
- Achieve high quality rehabilitation outcomes.
- Advocate the rights of persons with disabilities.

KRS values competent, facilitative and responsive staff. Our goals are to:
- Use outcome oriented performance standards for all staff.
- Recruit, employ, support, develop and promote qualified staff, and compensate them equitably.
- Practice open communication and participation.
- Celebrate exemplary performance.

KRS values a supportive and accountable organization. Our goals are to:
- Promote an organizational climate of trust and consistency.
- Establish management systems that support participation.
- Use management practices that emphasize outcomes.
- Use measures of consumer satisfaction and other outcomes to improve organization performance.

KRS values responsive acquisition and accountable management of resources. Our goals are to:
- Allocate and manage all resources, including staff, in a timely manner according to the changing needs of Kansans with disabilities.
- Increase resources to improve and expand the scope and quality of services.
- Collaborate with others in the public and private sectors to insure that the needs of Kansans with disabilities are addressed.

KRS values public support. Our goals are to:
- Involve persons with disabilities and other consumers in developing agency policy and legislation.
- Obtain the active participation of business and industry.
- Assist Kansas employers in meeting their workforce needs through referral of qualified individuals with disabilities.
- Inform and educate the public.

C. SELECTED "CONNECT KANSAS" OUTCOMES
- Youth successfully transition to adulthood.
- Adults are healthy, self-sufficient, and contributing members of their communities.

D.   PURPOSE OF THE GRANT

The purpose of this grant award is to provide a comprehensive youth development, leadership and mentoring program for transition-aged youth (ages 14-24) with disabilities. This grant is part of the SRS/KRS efforts to successfully connect and engage youth with disabilities to pursue secondary education and/or employment as a means to community integration, participation and adult- self-sufficiency.

Across different fields of study and research, evidence demonstrates many disparities in the lives of persons with disabilities when compared to their peers without disabilities. These include gaps in achievement, self-esteem, and sense of self-efficacy. The generalized decrease in self-efficacy and self-esteem can result in an increased likelihood of participation in high risk activities, to include drug use, high-risk sexual activity, and illegal activity. Persons with disabilities form a disproportionate percentage of those who are incarcerated (Leone, 1999). Youth with disabilities are twice as likely to drop out of high school as their non-disabled peers (Blackorby & Wagner, 1996). High school drop outs face a 40 percent higher unemployment rate regardless of disability (National Center on Secondary Education and Transition, Issue Brief June 2002). The employment rate for persons with disabilities is significantly lower than for their non-disabled peers regardless of graduation status (United States Department of Labor statistics). Side effects of unemployment include increased substance abuse, increased physical problems, increased psychotic disorders, reduced self-esteem, loss of social contacts, alienation and apathy (Warr, P.B. Work, Unemployment and Mental Health, Clarendon Press, Oxford 1987), as well as increased dependence on public benefits. The situation is costly to both society and the individual.

Research has shown that through increasing protective factors in a young person's life, youth outcomes are much improved. One specific and targeted intervention for youth with disabilities, or protective factor, recognized by the United States Office of Juvenile Justice and Delinquency Prevention is mentoring. Research conducted by this office indicates that mentoring is most effective through long-term relationships (one to two years in duration). With such a long-term time period, the mentor can assist youth with developmental tasks, career awareness, and academic achievement. The mentor can also assist youth in overcoming societal barriers they may face in their lives.   Youth leadership programs aim to prepare young people to meet the challenges facing them as adolescents and adults. Youth leadership programs have shown success across multiple areas of youth behavior, to include self-control, self-efficacy, problem-solving skills, interpersonal skills, and commitment to schooling and academic achievement. Such programs have also shown success through a decrease in risk factors such as drug and alcohol use, violence, or high-risk sexual behaviors (Catalano & Hawkins, 1996).

E. SCOPE OF WORK

This youth mentoring, development and leadership program is to provide services to youth with disabilities throughout the state of Kansas. Activities are to be provided cross-disability (to any youth with a disability regardless of the type of disability). For the purpose of this project youth are defined as persons age 14-24, however applicants may choose to narrow or target the age range for which they propose to provide services.

Due to the vulnerable nature of the youth population, and potential issues of program/project liability, the project design should ensure the safety and general well-being of youth participants as well as the appropriateness of adult paid and unpaid employees of the program.

Applicant program/project design is to be based on evidence-based or identified best practice programs. The program design shall incorporate mentoring and additional protective factors to assist youth with disabilities in their development. In addition, the design should consider best or effective practices in youth development, mentoring and leadership programs, and in mentoring practices.

The selected applicant will be responsible for collecting and tracking participant data to include: youth /family demographics, secondary graduation, post-secondary outcomes, pre- and post- self-efficacy scale scores, connection to Vocational Rehabilitation Services, and employment outcomes.

Mentoring practices/strategies which have been reviewed and may be applicable include: peer mentoring, one-to–one mentor matches, e-mentoring, and group mentoring. Successful programs may find that there is more than one type of mentoring utilized to support youth development and leadership.

In a review of information and research regarding youth development, Ferber, Pittman & Marshall (2002) identify a framework of five core areas of youth development and leadership which may provide useful reference for applicants:

1. **Learning:** Having positive attitudes towards basic academic learning, and gaining basic academic skills.
2. **Connecting:** The development of positive social behaviors and skills as well as attitudes as demonstrated with adults, peers, authority figures, and family members.
3. **Thriving:** Attitudes, skills and behaviors which can be seen by maintaining optimal physical and emotional well-being. Conversely this is recognizing and understanding situations which are detrimental to one's well-being.
4. **Working:** Positive attitudes, skills and behaviors towards a vocational path. This includes skills necessary for the future career, but also the job readiness skills necessary to obtaining and maintaining employment.

5. **Leading**: Involvement in the civic arena as well developing the ability to set personal goals.

Within the context of each category of development, there are many competencies a youth with disabilities will need to address in order to gain a sense of self-efficacy and self-determination.

F.   ELIGIBLE APPLICANTS

Eligible applicants are not-for profit 501(c) (3) organizations that can demonstrate the services and/or programs supported by this award are driven by a board or consumer advisory panel whose members would be comprised of more than 50% persons with disabilities. Priority will be given to organizations that demonstrate a commitment to engaging youth with disabilities who have had involvement in mentoring and youth leadership activities in an advisory capacity to the services/programs provided through this grant award.

G.   PROJECT TIMEFRAMES AND FUNDING

Applicants should submit proposals for a two and one-half year timeframe, as follows:

- January 1 through June 30, 2012
  Total funds available for this time period: $87,300

- July 1, 2012 through June 30, 2013 (State Fiscal Year 2013)
  Total funds available for this time period: $160,050

- July 1, 2013 through June 30, 2014 (State Fiscal Year 2014)
  Total funds available for this time period: $160,050

The sources of funding include State General Funds and Title VII Part B funds authorized through the Rehabilitation Act of 1973, as amended, and identified in the State Plan for Independent Living. Continuation of funding in State Fiscal Years 2013 and 2014 is contingent upon continued appropriations and successful performance of the grantee.

H.   PERFORMANCE MEASURES

Grantees will be expected to report on the fixed performance measures outlined below, and develop additional performance measures specific to the scope of the project/program within the context of each of the five areas of youth development/leadership (Learning, Connecting, Working, Thriving, Leading). The program should also reflect Governor Sam Brownback's Roadmap for Kansas, and SRS priorities in the development of the project performance measures.

Fixed Performance Measures:
1. Family/child demographics (Attachment F) will be collected for all participants.
2. Every youth participant will be assisted in developing a unique plan suited to their needs.
3. The program will demonstrate adherence to the independent living philosophy.
4. Effective screening and training will be provided for all mentors. Records will be maintained.
5. Information on how many participants apply for Vocational Rehabilitation Services will be collected annually.
6. Youth will complete pre- and post- participation self-efficacy scale. Results will be maintained (Attachment G).
7. The program will design and implement valid survey methodology to track participant graduation/drop-out, and will administer the post-high school outcome survey (Attachment H).
8. The program will maintain a database which tracks all performance measures and outcomes by each participant.

I. DELIVERABLES

The grantee will be expected to provide monthly grant transaction reports (Attachment B) detailing expenditures. Quarterly the grantee will provide a programmatic report on all performance or outcome measures. In addition, the grantee's quarterly programmatic report will include a narrative describing significant accomplishments and identifying barriers encountered, if any, to successful implementation of the project. In conjunction with the submission of the final fiscal report, the grantee will submit a programmatic evaluation of successes and failures of the program to address any changes in program design which might be necessary for the following grant year. The program will provide KRS with access to raw data sets annually.

PART III: PROPOSAL REQUIREMENTS

A. Proposal Components: All information described in this section (Part III/A/Items #1 through #10) is required.

1)   Cover Page

Complete all sections (A-L).

2)   Table of Contents

3)   Abstract
   a.   Describe the proposed project's purpose and intended impact.
   b.   Identify the geographic region to be served.
   c.   Identify the services to be provided.
   d.   Describe the targeted at risk population and identify the number of persons this project will serve.

4)   Statement of Need

   a.   Identify specific data indicators that demonstrate the problem and need for service, providing citations for resources referenced.
   b.   Demonstrate an understanding of the risk factors specific to youth with disabilities and how the program will function to provide protective factors for youth with disabilities across all disability groups.
   c.   Include a description of existing resources (e.g., grants, existing community services, surveys, other public or private funding).
   d.   Establish a baseline from which the success of the proposed project could be gauged.

5)   Community Collaboration and Planning

   a.   Provide a description of community coalitions or partnerships, including partners involved, years (length) of existing partnerships relationships, 501(c)(3) status if applicable, or other pertinent information. Describe how these partnerships will function and coordinate on a statewide level to ensure the necessary supports. Ensure that descriptions of partnerships which will serve as key referral sources are included. Letters of collaboration are highly recommended as an attachment.

b. Provide a description of the planning process including how the proposal was planned in collaboration with other stakeholders. Include a description of the involvement of the following groups in the planning process: adults with disabilities and youth with disabilities who have participated in mentoring/leadership programs.

6) Program Description

a. The proposed program must be consistent with the purpose of this RFP. Describe the intended impact of the program.
b. Provide a detailed description of the evidence-based (research-based) or best practices foundation for the proposed program. Cite references. Detail how the proposed program design and activities maintain the fidelity of the evidence-based or best practices to be implemented. Discuss risk and protective factors.
c. Using a logic model (See Attachment E Sample Logic Model), illustrate how the activities support the outcome. Include this as an attachment separate from the 25 pages of narrative.
d. Provide a work plan that includes the following: a timeline of grant year objective(s) or benchmark(s), activities, outputs, and supporting research. (see Attachment C for sample). (Note: For each grant year objective or benchmark, there should be a set of activities, outputs, and supporting research.). You may attach a Gantt chart in addition to illustrate the work plan and timeline. An attached Gantt chart will not count towards the 25 page narrative.
e. Describe the target population the project proposes to serve and how they will be selected and recruited. Identify how those at greatest risk will be targeted. Include geographic boundaries as applicable.
f. Describe community outreach/education activities to ensure that youth with disabilities and their families are aware of and are able to access the program across the state.
g. Describe how the proposed program will incorporate consumer, family, and community input into ongoing program planning and evaluation.
h. Describe the structure of your organization, management and staffing, including the expertise and background of staff who will be participating in the project. Provide an analysis of your organization's capacity to deliver the program described and to maintain fiscal and service delivery accountability. Include of description of staff training that will be required.

7) Program Evaluation Plan

    a.   Describe the qualifications and technical expertise of the evaluator, i.e., internal staff, contracted evaluator or consultant, as appropriate.

    b.   Describe the program evaluation plan, including fixed and applicant-determined performance measures. Goals and measurable outcomes must be clearly stated. The logic model must demonstrate a direct relationship between risk factors, services provided, output measures, and outcome measures. The data collection plan and methodology must be reasonable and achievable. If outcome data sources are controlled by outside agencies, include letters of collaboration which support the collection of data (unless it is a recognized national or state survey.)

8) Budget and Budget Narrative

    a.   Submit completed Budget Sheet (see Attachment A). Ensure that any additional funds which would be used to execute the project as proposed are included.

    b.   Explain other sources of income for the project, i.e., in-kind or other resources.

    c.   Budget Narrative: Attach a budget narrative providing details about the items listed on the budget sheet and any other relevant information. Your narrative should describe budget items for which you are requesting support and which are necessary for the proposal to be successfully implemented. Sufficient details should be provided to justify the amount of funds requested. Salaries and expenses must be explained clearly. If a position, or part of a position, is funded by the proposed project, the budget narrative must indicate the percentage of time and the dollar amount of salary funded by the proposed project. All allocated costs must be clearly explained and the allocation methodology must be described.

    d.   Complete a Budget Sheet (Attachment A) for each of the distinct timeframes of the project described in Part II/Section G. Also complete a Budget Sheet (Attachment A) for the entire 2.5 year timeframe described in Part II/Section G.

9)   Organizational Description

     a.   Describe physical location, community, and county.

     b.   Describe staffing for the proposed project. Identify the qualifications and technical expertise of any person who will have responsibility to the proposed project. Identify any training that will be required of any persons who will have responsibilities for the proposed project. If the project will utilize volunteers for any part of the work with youth, identify recruitment strategies as well screening mechanisms and training that will be provided to volunteers. Include the organizational chart, indicating placement of program, as an attachment. This organizational chart will not be counted in the 25-page narrative limit.

     c.   Describe the capacity of the organization to execute this project including the fiscal capacity.

     d.   Explain how the organization's mission, similar projects, and current goals are consistent with the proposed project. Be sure to describe: the organization's history in providing mentoring and youth programming, the organization's knowledge of disability rights and independent living philosophy/history, as well as the organization's experience and knowledge of provision of services across all types of disabilities.

     e.   Describe the extent to which the applicant's staff and board members are participating in collaborative projects.

10)   Sustainability

     a.   Provide an explanation of other sources of income for the project that will ensure continuance after the grant ends.

     b.   List strategies that may be used to sustain this initiative, or its programs, after the grant ends. Identify the planned and potential sources of funding. Provide details about strategies to secure future funding resources.

     c.   If the project is to cease following the end of grant funding a clear explanation is to be provided.

B. Submission Instructions

1) To be considered for funding, one original, four print copies and one electronic copy must be sent to:

> *Brie Wilkins, SRS Procurement Services*
> *Docking State Office Building 8ᵗʰ floor*
> *915 SW Harrison, Topeka KS 66612*
> *Brie.Wilkins@srs.ks.gov*

The deadline for submission of proposals is 2 P.M. NOVEMBER 7, 2011. Applications will not be accepted via fax.

2) Proposals/applications should not exceed 25 pages of narrative, not including cover page, title page, and table of contents.

3) The font size must be at least 12 point. All margins must be no less than one-half inch. All pages of the application must be numbered in the lower right-hand corner, starting with the Cover Sheet as page 1. These page numbers may be hand-written but computer generated numbering is preferable.

4) The application must be arranged in the order indicated in the "Application Checklist" on page 3.

   The following documents should be attached to **the original application only.**
   A. Statement of compliance with assurances
   B. A verification on non-profit status, if applicable
   C. List of board members and a board member conflict of interest statement
   D. Letters of support
   E. Licensing/accreditation/certification documentation
   F. Documents that assure financial solvency, e.g., transmittal letter for audit, 990 form, or year-end financial statement

5) All copies of the application are to be printed single-sided and bound with a staple or binder clip in the upper left-hand corner. Do not bind with separate covers or any kind of paper clips. Do not include tabs, plastic inserts, or brochures in your grant application.

6) If possible, applicants are encouraged to submit their application electronically via e-mail or by disc in addition to the required original, four print copies and one electronic copy.

7) The application must be signed on the cover page in box C (official authorized to sign application).

PART IV: PROPOSAL REVIEW

A.   **Review Process:** SRS will review applications in accordance with the Criteria for Review.   Reviews will be done at the SRS Central Office and will include persons not employed by SRS.

B.   **Criteria for Review:**

Grant applications will be reviewed based upon:

1)   Thoroughness of needs assessment and data analysis. (20%)
2)   The extent to which the work plan reflects resources and needs in the community as reflected by the needs assessment. (20%)
3)   The determination whether the work plan can reasonably be expected to reach the stated target within the proposed timeline. (20%)
4)   Relationship of the budget to the program outcomes, targets, activities, and inputs. (10%)
5)   Adequate description of budget narrative. (10%)
6)   The extent to which the grantee's staff and board members are participating in collaborative projects. (10%)
7)   The experience and expertise of the proposed agency and its staff in working with people with disabilities, especially with youth with disabilities. (10%)

GLOSSARY

A. DEFINITIONS

Activity: Refers to a direct service or program offered to children, families, child care providers, communities, and other recipients. Examples of activities include parenting classes and child health programs.

Audit: A report or statement reflecting an official examination and verification of accounts and records.

Audit Policy: See the following website for information on audit policy:
http://www.srs.ks.gov/agency/OACS/Documents/RecipientMonitoringPolicyJuly2009.pdf

Best Practices: The most advantageous or suitable way of doing something or carrying out a program based on experience and/or the results of research based on clinical expectations.

Grantee: The recipient of grant funds.

Guiding Principles: Underlying beliefs or philosophies that drive decisions and actions associated with the project.

Intermediate Outcomes: A quantified measure such as the amount of increase or percentage of change in behavior or knowledge as a result of program activities.

Sample Intermediate Outcome: Improved quality of early childhood care and education.

Intermediate Data Indicators: Specific items of information used to track a program's success toward specified outcomes. Indicators describe observable, measurable characteristics or changes that represent achievement of an outcome. The number and percent of program participants who are demonstrating desired behaviors are indicators of how well the program is doing with respect to the outcomes.

Sample Intermediate Data Indicator: Percentage of early childhood teachers with NAEYC accreditation.

Intermediate Goals: For each intermediate data indicator listed, a measure of success extending over a period of time. The goal must contain a quantifiable measure existing within a specific time frame.

Sample Intermediate Goal: By December 31, 2004, the percentage of early childhood teachers with CDAs will increase from 5% to 25%.

Intermediate Results: Recorded rate of behavior change.

Sample Intermediate Result: To date the percentage of early childhood teachers with CDAs has increased from 5% to 7%.

Logic Model: Describes resources, activities, and outcomes throughout the duration of the project.

Long-Term Outcomes: For the purpose of this Request for Proposals, Long-Term Outcomes are defined as Connect Kansas Outcomes (see page 6).

Sample Outcome: Connect Kansas Outcome - Youth successfully transition to adulthood.

Long-Term Data Indicators: Specific items of information used to track a program's success toward specified outcomes. Indicators describe observable, measurable characteristics or changes that represent achievement of an outcome. The number and percent of program participants who are demonstrating desired behaviors are indicators of how well the program is doing with respect to the outcomes.

Sample Long-Term Data Indicator: Percentage of kindergartners scoring higher than 80% on developmental assessments.

Long-Term Goals: A broad, long-term measure of success extending over a period of time. The goal must contain a quantifiable measure existing within a specific time frame.

Sample Long-Term Goal: By December 31, 2007, kindergartners' developmental assessment scores will improve by 30%.

Long-Term Results: Measure of success to date.

Sample Long-Term Result: Kindergartners' developmental assessment scores have improved by 5%.

Mission: A brief statement of purpose or reason for being; answers the question: "Why does your community partnership or organization exist?"

Needs Assessment: Data regarding programs, geographic location, target population, and existing services that demonstrate need for identified project activities.

Outputs: Quantity of an activity and/or the direct products of program activities. Outputs are usually measured in terms of the volume of work accomplished. Examples of outputs are number of classes taught, and educational materials distributed.

Sample Output: Four parenting classes were held.

Outcome Evaluation: The process of measuring progress towards immediate, intermediate, and long-term outcomes.

Program Evaluation: The process of planning, collecting, analyzing, and reporting results of the project.

Promising Approaches: Programs/activities that have demonstrated effectiveness.

Request for Proposal: A solicitation by a grantor seeking applications from potential grantees.

Short-Term Outcomes: Program outputs (for each Intermediate Outcome listed).

Sample Short-Term Outcome: Number of early childhood teachers working toward an AA degree.

Short-Term Data Indicators: Specific items of information used to track a program's early successes toward specified outcomes. Indicators describe observable, measurable characteristics or activities that represent progress toward achievement of an outcome. The number and percent of program participants who are participating in programs or activities are examples of short-term data indicators.

Sample Short-Term Indicator: Number of early childhood teachers who received college tuition.

Short-Term Objectives (or Benchmarks): A specific, measurable statement of expected annual progress towards achieving a program outcome. Objectives should include a completion dateand projected level of services or activities affecting program recipients and should be available for each short-term indicator listed.

Sample Short-Term Objective: By December 31, 2002, 50 early childhood teachers will receive college tuition reimbursements through Smart Start.

Short-Term Results: Measure of success for the grant period.

Sample Short-Term Result: 12 centers have received assistance to initiate the NAEYC accreditation process.

Staffing Patterns: Types or categories of employees scheduled to perform specified duties during certain hours.

Supporting Research: Research that demonstrates the relationship between the activity and the

expected outcome.

Transmittal Letter: Letter from the auditor indicating an audit has been performed.

Vision: The futuristic picture or ideal state of a community or program as defined by the community partnership or organization.

Work Plan: Describes activities and measures of success for the current grant period.

B. SRS DIVISIONS

SRS: Kansas Department of Social and Rehabilitation Services

SRS/ISD: Kansas Department of Social and Rehabilitation Services/Integrated Service Delivery

SRS/DBHS: Kansas Department of Social and Rehabilitation Services/Disability and Behavioral Health Services

SRS/OPS: Kansas Department of Social and Rehabilitation Services/Operations

SRS/KRS   Kansas Department of Social and Rehabilitation Services/Kansas Rehabilitation Services

C.   GLOSSARY OF BUDGET EXPENSE ITEMS AND BUDGET INSTRUCTIONS (listed in order from the budget sheet)

Gross Salary: Payments of salary for time of all staff allocated for work directly related to this project.

* Budget instruction for this line item - Example of salary: $7,500
Please indicate position title, number of people with this title working on the project, the percentage of each person's time devoted to the project and the calculated cost of that time.

Fringe Benefits: Pro-rated costs other than wages or salaries that are attributable to the program employees. Examples are Social Security, health insurance and pension contributions.

* Budget instruction for this line item - An example of fringe benefits, with the fringe benefit package equaling 15% of gross salaries follows:

Gross salary X percentage allotted for benefits package X FTE = fringe benefits
$7,500 X 15% X .50 = $562.50

Travel and Subsistence: Transportation and accommodations, per diem and mileage allowances, lodging expenses for staff and contract personnel associated with the project. The rate shall be no more than the current amount specified by the state at the time at which the grant was issued.

* Budget instruction for this line item -

Travel rate not to exceed SFY 12 Kansas Department of Administration guidelines: http://www.da.ks.gov/ar/employee/travel/travbkSMART12.htm

Subsistence rate not to exceed SFY 12 Kansas Department of Administration guidelines: http://www.da.ks.gov/ar/employee/travel/travbkSMART12.htm

Furniture and Equipment: Equipment is defined as tangible property that has a useful life of more than two years and an acquisition cost of $500 or more.

Supplies: Costs of project materials, equipment rentals or leasing, supplies and   other consumables.

Contractual: Costs of personnel who are not on the staff of your organization, but whose services are required in order to complete the project successfully.   This could include consultants, teachers, social workers, artists, technicians, advisers, and support personnel.

* Budget instruction for this line item - Please specify type of contractor, number of days committed to this project, rate charged per day (or other fee basis), and calculated total cost.

Staff Education and Training: Those costs associated with providing education and training that will benefit staff in the services they provide. This can include travel, room and board if the training is outside the geographical area.

* Budget instruction for this line item - Examples include organizational memberships, books, courses, workshops, etc.

Building, Space, and Maintenance: The facility in which a project is located and the amount of work or costs of keeping the facility in operation.

* Budget instruction for this line item - Examples include monthly mortgage payments or rent, gas, telephone, electricity, water, insurance, taxes, maintenance and repairs, janitorial services, and routine facility improvements related to a project.

Other Expenses: All other expenses directly related to this project that are not included in the categories above.

* Budget instructions for this line item –

1) Please specify type of expense on budget form and provide additional detail in budget narrative.

2) Examples include a program audit, and professional liability insurance.

Indirect Costs: Those costs attributed to overhead or general operating expenses that may occur when the program is associated with an umbrella organization.

* Budget instruction for this line item - Rent, electricity, etc., may be included under Building, Space, and Maintenance or Indirect Costs, but not under both.

Project Costs: The total amount the project will cost the vendor.

Cash Match: Cash contribution to the project by agencies, institutions, or private sources.

* Budget instruction for this line item - The cash source of the funds must be detailed on a continuation page.

In-kind: Contributions such as donated furniture and equipment, office supplies, utility costs, vehicles, and volunteer services.

* Budget instruction for this line item - Rates for volunteers should be consistent with regular rates paid for similar work in other activities of the grantee. If the kind of skills required for project activities are not found in other activities of the provider, rates should be consistent with those paid for similar work in the labor market in which the provider competes.

ATTACHMENT A: Budget Sheet

FUNDING SOURCE	GRANT REQUEST	ALL OTHER OR CASH MATCH	IN-KIND	TOTAL
1. PERSONNEL GROSS SALARY & FRINGE BENEFITS				
2. TRAVEL AND SUBSISTENCE				
3. FURNITURE AND EQUIPMENT				
4. SUPPLIES				
5. CONTRACTUAL				
6. STAFF EDUCATION AND TRAINING				
7. BUILDING, SPACE, AND MAINTENANCE				
8. OTHER (SPECIFY)				
9. OTHER (SPECIFY)				
10. OTHER (SPECIFY)				
11. INDIRECT COSTS				
12. TOTAL OF 1-11				
13. PERCENT OF TOTAL				

ATTACHMENT B: Budget & Grant Transaction Report
(Exhibit E in Notification of Grant Award)

Grantee Agency and Full Mailing Address:	Grant Number:	Federal Employer Identification Number:
(Q)	(L)	(V)
	Grant Period:	Reporting Period Month/Day/Year:
(R)	(NB) to (NE)	
(W)	Grant Amount:	This is report number _____ for the period:
	$ (M)	from _____ to

EXPENDITURE INFORMATION

Project Budget	Current Period	Prior Period Total	Cumulative	Approved Budget
Personnel			$0.00	
Travel and Subsistence			0.00	
Furniture and Equipment			0.00	
Supplies			0.00	
Contractual			0.00	
Staff Education and Training			0.00	
Building, Space, and Maintenance			0.00	
Other (specify)			0.00	
Other (specify)			0.00	
Other (specify)			0.00	
Indirect Cost			0.00	
Total	$0.00	$0.00	$0.00	$0.00

Total Grant $$ Spent to Date:	$ 0.00	Grant $$ Remaining:	$ 0.00

Cash Report:		Other Information:	
Cash on Hand (Beginning of Period)		Program Income	
Receipts (Include Program Income)		Interest Income	
Disbursements		Advances to Sub-grantees	
Cash on Hand (End of Period)	$ 0.00		

Authorized Project Official - I certify that to the best of my knowledge and belief, this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

Signature: _____ Date: _____ Phone Number: _____

SRS Program Monitor:
Signature: _____ Date: _____ Amount to be Paid: _____

Kansas Department of Social and Rehabilitation Services
Kansas Rehabilitation Services: Youth Mentoring, Development and Leadership Program Request for Proposals 2011

ATTACHMENT C: Sample Work Plan

NW Regional Center For Children

CONNECT KANSAS OUTCOME 1: Children enter school ready to learn.

GRANT YEAR OBJECTIVE OR BENCHMARK: By December 31, 2002, 50 early childhood teachers will receive college tuition reimbursements through Smart Start.

ACTIVITIES:

- Receive training on the process and standards for implementing T.E.A.C.H. in NW Kansas
- Define early childhood curriculum and courses with Home Economics Department at Westminster College
- Provide professional development workshops for early childhood providers (to explain T.E.A.C.H. and competency levels).
- Market T.E.A.C.H. to providers and collaborative partners
- Document program activities and outputs

OUTPUTS:

- 3 NW Regional Center for Children staff trained to set up and administer T.E.A.C.H.
- 3 classes will be offered in early childhood for credit through Westminster College
- 11 professional development workshops with 87 total participants
- 15 electronic media (TV, radio, internet) promotions, 55 print media (newspapers, newsletters) promotions, 2,500 professional developmental materials distributed, 30 presentations to community groups
- Monthly and annual reports from data entered online in the Community Documentation System

SUPPORTING RESEARCH:

Benson, 1997.

SAMPLE

ATTACHMENT D: Assurances

a. Supplantation of Grant Funds - The grantee shall not replace or supplant funding of another existing program with funds provided for in this Grant. Funds awarded under this Agreement may not be used for any purpose other than the one defined in this document.

b. Debarment - As part of the Code of Federal Regulations (45 C.F.R. Part 76), all governmental entities receiving funding from the Federal Government must participate in a government wide system for non-procurement debarment and suspension. A person or entity that is debarred or suspended shall be excluded from Federal financial and non-financial assistance and benefits under Federal programs and activities. Debarment or suspension of a participant in a program by one agency shall have government wide effect. The Secretary of SRS is authorized to impose debarment. Before any person or entity enters into an agreement, grant or contract with SRS, the Excluded Parties Lists@ shall be researched for potential debarred persons or entities. (located at the website http://epls.arnet.gov).

c. Compliance With Laws and Regulations - The Grantee agrees that it will comply with all federal, state, and local laws and regulations in effect at any time during the course of this Grant. The Grantee shall certify to SRS that it will provide a drug-free workplace and as a condition of the Grant, the Grantee will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the Grant.

d. Nondiscrimination and Workplace Safety - The grantee agrees to abide by all state, federal and local laws, rules and regulations prohibiting discrimination in employment and controlling workplace safety. Any violation of applicable laws, rules and regulations may result in termination of this Grant.

e. ADA Compliance - The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 et. seq.) and the Kansas Age Discrimination in Employment Act (K.S.A. 44-111 et seq.) and the applicable provisions of the Americans with Disabilities Act (42 U.S.C. 12101 et. seq.) (ADA) and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission or access to, or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "Equal Opportunity Employer@; (c) to comply with the reporting requirements set out at K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration; (f) if it is determined that the contractor has violated applicable provisions of ADA, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration.

Parties to this contract understand that the provisions of this paragraph Ae.@ (with the exception of those provisions relating to the ADA) are not applicable to a contractor who employs fewer than four employees during the term of such contract or whose contracts with the contracting state agency cumulatively total $5,000 or less during the fiscal year of such agency.

ATTACHMENT E: Sample Logic Model

INPUTS	OUTPUTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES

List specific:
 	
Resources
Staff
Funding
Facilities
 	
Strategic Planning
 	
Community Needs Assessment Results
 	
Implementation Plans
	Services Provided by Grantees Program Activities
	
	Number of Participants
	  Children
	  Individual Providers
	  Child Care Centers
	  Parents
	  Other
	
	Number of Services Hours
	  By type of service
	  By type of participant
	
	Total Dollars Spent
	  By type of service
	  By type of participant
		Grantee's Goals Attained
		
		Program Activity Counts
		
		  For example:
		
		  Number of T.E.A.C.H. scholarships
		  Number of child health referrals
		  Number of child care slots
		  Number of health, vision, and hearing screenings
		  Number of parent edu-cation services
		
		Systems Change
		
		  For example:
		
		  New partnerships
		  EC gaps filled
		  Increased collaboration
		
		Number of Children Reached
		
		Number of Families Reached
			Improved Quality of Early Child and Education
			
			  For example:
			
			  Percentage of early childhood teachers with AA degree
			  Percentage of early childhood teachers with CDA
			  Percentage of early childhood teachers with NAEYC accreditation
			
			Increased Availability of Early Child Care and Education
			
			Increased Affordability of Early Child Care and Education
			
			Improved Child Health
			
			Increased Family Support
			
			Increased Early Childhood Knowledge Among Parents
				Increased Number of Children Who Enter School Ready to Learn
				
				  For example:
				
				  Percentage of kindergartners scoring higher than 80% on developmental assessments

Attachment F: Participant Family/Child Demographic Data to be Collected

Date of Intake:

Name of youth participant:

Age of youth at intake:

Sex: __Male __Female

Race:
__American Indian/ Alaskan Native   __Asian   __Black/African American
__Hawaiian/ Pacific Islander   __White __Hispanic/Latino   __2 or more   __prefer not to respond

Type of disability (if multiple indicate primary and additional):   __Cognitive   __Mental/Emotional   __Physical
__Hearing   __Vision   __Multiple   __Other please list:

School Attended:

Grade in School at intake:

County of residence:

Child resides with: __ mother   __ father   __both parents   __ other (please describe)

Annual Household income:
__Less than $10,000 __$10,000-$19,999 __$20,000-$29,999 __$30,000-$39,999 __$40,000-$49,999 __$50,000-59,999
__$60,000-$69,999 __$70,000-$79,999 __$80,000-$89,999 __$90,000-$99,000 __$100,000-$149,999 __More than $150,000

Highest level of education of Parent/guardian 1:
__Less than high school graduation __high school graduate/GED   __Technical Certification
__some college __2year college degree (associates) __4 year college degree(bachelors)
__Masters degree __Doctoral degree __Professional Degree (MD, JD)

Highest level of education of Parent/guardian 2:
__Less than high school graduation __high school graduate/GED   __Technical Certification
__some college __2 year college degree (associates) __4 year college degree(bachelors)
__Masters degree __Doctoral degree __Professional Degree (MD, JD)

Attachment G: Sample Self Efficacy Scale
(Performance Measure Data to be Collected)

1. I can always manage to solve difficult problems if I try hard enough
   __ Not at all true __Hardly true __Moderately true __Exactly true

2. If someone opposes me, I can find the means and ways to get what I want
   __ Not at all true __Hardly true __Moderately true __Exactly true

3. It is easy for me to stick to my aims and accomplish my goals
   __ Not at all true __Hardly true __Moderately true __Exactly true

4. I am confident that I could deal efficiently with unexpected events.
   __ Not at all true __Hardly true __Moderately true __Exactly true

5. Thanks to my resourcefulness, I know how to handle unforeseen situations
   __ Not at all true __Hardly true __Moderately true __Exactly true

6. I can solve most problems if I invest the necessary effort.
   __ Not at all true __Hardly true __Moderately true __Exactly true

7. I can remain calm when facing difficulties because I can rely on my coping abilities
   __ Not at all true __Hardly true __Moderately true __Exactly true

8. When I am confronted with a problem, I can usually find several solutions.
   __ Not at all true __Hardly true __Moderately true __Exactly true

9. If I am in trouble, I can usually think of a solution
   __ Not at all true __Hardly true __Moderately true __Exactly true

10. I can usually handle whatever comes my way.
    __ Not at all true __Hardly true __Moderately true __Exactly true

Attachment H: Post High School Outcomes Survey
(Performance Measure Data to be Collected)

RESPONDENTS

Q.1   Who **responded** to the interview questions **or** check why the interview was not completed? *(Choose one)*

- ☐ **Successfully Completed Interviews** – phone answered by:
- ☐ Former student
- ☐ Parent *(natural parent, step-parent, parent who is guardian ad litem)* ☐☐Guardian *(legal guardian other than student's parent e.g. custodial grandparent, foster care parent, custodial group home worker)*
- ☐ Anyone else

- ☐ **Unsuccessfully Completed Interviews** – reason interview was not completed
- ☐ Contacted: Declined to answer interview questions
- ☐ Contacted: Unresolved language or comprehension barrier
- ☐ Contacted: Former student was unavailable and no other responder was available (e.g. jail, military, work)
- ☐ No Contact: Unable to find # / Lost # / No phone # / Moved and no forwarding #
- ☐ No Contact: No answer (6 or more attempts) ☐☐Other
- ☐ Ineligible to participate because former student:
- ☐ Returned to the High School setting
- ☐ Did not yet graduate or exit or is still in High School
- ☐ Wrong exiting class (exited more than two years ago)
- ☐ Deceased

HIGHER EDUCATION and OTHER POSTSECONDARY EDUCATION or TRAINING (Q. 2 – Q. 12)
"Now I'd like to ask you some questions regarding continuing education or training since leaving high school. Thinking about the 12 months after you left high school, which of the following best describes your participation in continuing education or training? If you are now or have participated in more than one type of education or training, please answer the questions for the program you attended most recently or the one you attend the most hours per week."

Q.2   Considering all the different kinds of further education and training, such as college, adult or community education, job training or vocational school, which of the following best describes your **current educational status**, keeping in mind that military service is considered employment? *(Choose one)*

- ☐ I am or have participated *full-time* (12 or more credits) in an educational program or pursuing a degree *(Go to Q. 4)*
- ☐ I am or have participated *part-time* (less than 12 credits) in an educational program or pursuing a degree *(Go to Q. 4)*
- ☐ I am or have **completed** an educational program, training or degree *(Go to Q. 4)*
- ☐ I attended within 12 months of leaving high school **but discontinued** before completing the program *(Go to Q. 3)*
- ☐ I have **not attended** any further educational or training program *(Go to Q. 12)*
- ☐ Don't know/ Refused / No answer *(Go to Q. 13)*

Q.3   What is the **main** reason you discontinued your postsecondary education or training program? *(Choose one)*

☐ Did not want to continue my education/training / Wanted to discontinue
☐ Can't afford to continue my education / Not enough financial aid to continue
☐ Plan to go in the future / Plan to return after earning enough money to go / Working full-time / Doing something else first
☐ No postsecondary opportunities / None close to home
☐ Don't have the necessary skills/qualifications to continue postsecondary education
☐ Unable to find transportation to school / No car / Can't get to campus
☐ Have not received necessary services from community agencies / on waiting list for services
☐ Homemaker / Family obligations
☐ Health or disability-related problems prevented me from continuing my education
☐ Other (*prompt and record response in drop-down text box): "Please describe the reason you discontinued your educational program."*
☐ Don't know /Refused / No answer

HIGHER EDUCATION
Thinking about the 12 months after you left high school and including programs within and outside of Kansas:

Q.4   Have you enrolled in a **2-year college or community college,** for example a 2-year college like a Manhattan Community College, Highland Community College, or Johnson County Community College, at any time within the year since leaving high school?

☐ Yes and I **completed** at least one term
☐ Yes, but I **did not** complete at least one term
☐ No, I have not attended this type of program
☐ Don't know/Refused / No answer

Q.5   Have you enrolled in a **4-year college or university** at any time within the year since leaving high school including (e.g. Kansas State University, University of Kansas, or other Independent and Private Colleges or programs in Kansas or in other states)?

☐ Yes and I **completed** at least one term
☐ Yes, but I **did not** complete at least one term
☐ No, I have not attended this type of program
☐ Don't know/Refused / No answer

Q.6   Have you enrolled in a 2-year degree program at a **Technical College,** such as the Kansas Technical College System (e.g. Northwest Kansas Technical College, Northeast Kansas Technical Center, North Central Kansas Technical College) (two-year program) at any time within the year since leaving high school?

☐ Yes and I **completed** at least one term
☐ Yes, but I **did not** complete at least one term
☐ No, I have not attended this type of program
☐ Don't know/Refused / No answer

OTHER POSTSECONDARY EDUCATION OR TRAINING

Q.7   Have you enrolled in a program to earn your **High School Completion document or certificate** such as Adult Basic Education or General Education Development (GED/HSED or GEDO2) at any time within the year since leaving high school?

☐ Yes and I **completed** at least one term
☐ Yes, but I **did not** complete at least one term
☐ No, I have not attended this type of program
☐ Don't know/Refused / No answer

Q.8   Have you attended a private **Vocational School or short-term education program,** (less than two years) at any time within the year since leaving high school (e.g. a Kansas, Vocational School, truck-driving school, barber, or cosmetology)?

☐ Yes and I **completed** at least one term
☐ Yes, but I **did not** complete at least one term
☐ No, I have not attended this type of program
☐ Don't know/Refused / No answer

Q.9   Have you participated in **any** type of**, job training program or short-term job training or apprenticeship program** like Job Corps, Workforce Investment Act (WIA), Job Center, or workforce development program at any time within the year since leaving high school?

☐ Yes and I **completed** at least one term
☐ Yes, but I **did not** complete at least one term
☐ No, I have not attended this type of program
☐ Don't know/Refused / No answer

Q.10   Have you participated in a formal **Humanitarian Program** such as the **Peace Corps, Vista, AmeriCorps** or a **Church Mission,** at any time within the year since leaving high school?

☐ Yes and I **completed** at least one term
☐ Yes, but I **did not** complete at least one term
☐ No, I have not attended this type of program
☐ Don't know/Refused / No answer

Q.11   Have you participated in **any other** type of postsecondary school or program at any time within the year since leaving high school (i.e. on-line courses or education) not associated with another type of program listed above?

☐ Yes and I **completed** at least one term (*prompt and record response): "Please describe the type of program you were or are in."*
☐ Yes, but I **did not** complete at least one term
☐ No, I have not attended any other type of postsecondary school
☐ Don't know/Refused / No answer

Q.12   What is the **main** reason you have not attended a postsecondary education or training program? *(Choose one)*

☐ Did not plan to go on to postsecondary education / Don't want to continue my education
☐ Can't afford to go to school / Not enough financial aid
☐ Plan to go in the future / Plan to return after earning enough money to go / Working full-time / Doing something else first
☐ No postsecondary opportunities / None close to home
☐ Don't have the necessary skills/qualifications to enter postsecondary education
☐ Unable to find transportation to school / No car / Can't get to campus
☐ Have not received necessary services from community agencies / On waiting list for services
☐ Homemaker / Family obligations
☐ Health or disability-related problems prevent me from going to postsecondary school
☐ Other (*prompt and record response*): *"Please describe the main reason you have not attended any type of postsecondary school."*
☐ Don't know /Refused / No answer

COMPETITIVE or OTHER EMPLOYMENT (Q. 13 – Q. 19)
"Thinking about the 12 months after you left high school, please answer the following questions, and include all of the places you have worked within the 12 months since leaving high school. Answer the questions thinking about your current or most recent job. If you work more than one job, you can combine the hours and salary."

Q.13   Which of these **best** describes your **employment status in the 12 months after leaving high school**? *(Choose one)*

☐ I have been employed for pay for 3 months (about 90 days total) at any time within the year since leaving high school. The days can be either in a row or added up, and can include paid leave, like sick days or vacation. *(Go to Q. 15)*
☐ I have worked within the year since leaving high school, but it has been for less than for 90 days total. *(Go to Q. 14)*
☐ I am not currently employed and I have not worked for pay since leaving high school *(Go to Q. 19)*
☐ Don't know/ Refused / No answer *(Go to Q. 20)*

Q.14   What is the **primary** reason you have worked less than 90 days within the year of leaving high school? *(Choose one)*

☐ Did not plan to work after high school / not looking / Volunteering / don't want to work at this time
☐ Full-time student / Going to school
☐ Unable to find work / Lack of employment opportunities
☐ Don't have the necessary skills or qualifications to work /Disability prevents working
☐ Unable to find transportation to work / No car / Can't get to work
☐ Have not received necessary services from community agencies / On waiting list for services
☐ Homemaker / Family obligations
☐ Health or disability-related problems prevent me from working more or working as much as I would like
☐ Would lose benefits SSI benefits if I worked more or as much as I would like
☐ Laid off / Recently dismissed / Fired
☐ Other (*prompt and record response*): *"Please describe the reason you have worked fewer than 90 days within the year of leaving high school."*
☐ Don't Know / Refused / No answer

Q.15   Which of these describes your present or previous **job setting or location**? *Is or was your employment: (Choose one)*

☐ For a company, business or service In the **community,** like a department store or restaurant, where there are employees with and without disabilities
☐ In the **Military** / Service
☐ In a **Supported Employment** setting (paid work in the community, but can also include on-the-job training or assistance at work (e.g. a job coach, transportation, assistive technology, specialized job training or other individually tailored supervision) to help with their job)
☐ **Self-employment** or working in a **Family Business**. This includes being a homemaker or day care provider, or a business such as a farm, store, fishing, ranching, or catering service.
☐ In an **Institutional or Residential** setting, such as a medical, correctional/**jail**, convalescent, or mental health facility
☐ In a **Sheltered Employment** (a setting where most workers have disabilities)
☐ Other *(prompt and record response): "Please describe your current job setting."*
☐ Don't Know / Refused / No answer

Q.16   On an average, how many **hours** do you or did you work per week? This can be an average of 20 hours, or a minimum or 20 hours, and can include paid leave (such as sick leave or vacation) *(Choose one)*

☐ 35 or more hours per week
☐ 20 – 34 hours per week
☐ 16 – 19 hours per week
☐ Less than 16 hours per week
☐ Don't know/ Refused / No answer

Q.17   Which of the following best describes your usual **hourly wage, including tips?** *(Choose one)*

☐ Less than the current minimum wage *(prompt and record response): "Please describe your current employment and wage/how much you make."*
☐ Current minimum wage
☐ More than the current minimum wage but less than $10.00
☐ Between $10.00 and $15.00
☐ Above $15.00☐
☐ Don't know/ Refused / No answer

Q.18   Do you or did you receive **benefits** from your employer such as sick leave, paid vacation, health insurance, or retirement?

☐ Yes
☐ No
☐ Don't know/ Refused / No answer

Q.19 What is the **primary** reason you have not worked since leaving high school? *(Choose one)*

☐ Did not plan to go work after high school / not looking / Volunteering / Don't want to work at this time
☐ Full-time student / Going to school
☐ Unable to find work / Lack of employment opportunities
☐ Don't have the necessary skills or qualifications to work /Disability prevents working
☐ Unable to find transportation to work / No car / Can't get to work
☐ Have not received necessary services from community agencies / On waiting list for services
☐ Homemaker / Family obligations
☐ Health or disability-related problems prevent me from working
☐ Would lose benefits SSI benefits if I worked
☐ Laid off / Recently dismissed / Fired
☐ Other *(prompt and record response): "Please describe the reason you have not worked within the year of leaving high school."*
☐ Don't Know / Refused / No answer

The rest of the interview is only for first time participants or those out of school less than three years)

HIGH SCHOOL EXPERIENCES (Q. 20 – Q. 25)
"The followings questions are about plans you had while you were in high school and things that you're doing right now."

Q. 20   Are you **currently living** where you **planned to live** after leaving high school?

☐ Yes
☐ No *(prompt and record response): "Please explain why not/tell me what happen."*
☐ Don't know/ Refused / No answer

Q. 21   Have you or are you **participating in postsecondary education or training** as you **planned** while you were in high school?

☐ Yes
☐ No *(prompt and record response): "Please explain why not/tell me what happen."*
☐ Don't know/ Refused / No answer

Q. 22   Are you **currently working** as you **planned** while you were in high school?

☐ Yes
☐ No *(prompt and record response): "Please explain why not/tell me what happen."*

☐ Don't know/ Refused / No answer

Q.23   Thinking about the things you are doing now, what is something positive that happened while you were in high school to help you reach your goals *(prompt and record response)*?

ONLY FOR THOSE WHO DROPPED OUT OF HIGH SCHOOL (Q. 24 - 25)

Q.24   If you DID NOT graduate from high school, which of these best describes the reason: *(Choose one)*

☐ Lost interest / Did not want to continue
☐ Couldn't meet the requirements / Not enough credits
☐ Started a job
☐ Personal or family reasons
☐ Other *(prompt and record response) "Please describe why you did not graduate from high school."*
☐ Don't know /Refused / No Answer

Q.25   What might have helped you stay in school? *(prompt and record response):*

VOCATIONAL REHABILITATION INVOLVEMENT – QUESTIONS FOR ALL PARTICIPANTS IN THE MENTORING PROJECT

Q.26   Choose all that apply:

☐ Student in high school
☐ Individual who has graduated or exited high school
☐ Individual who is employed
☐ Individual who is participating in post-secondary education

Q.27   Are you an applicant or a recipient of services from vocational rehabilitation?

☐ Applicant
☐ Currently receiving services through an Individual Plan for Employment
☐ Employed as a result of vocational rehabilitation services
☐ Vocational rehabilitation case closed before I got a job
☐ Interested in learning more about vocational rehabilitation services

"Thank you very much for participating in this survey. Your answers will help in improving future programs and services for students as they pursue their post high school interests and goals, and be shared with agencies that assist youth with disabilities as they begin adult living. Thank you. Good-bye."